

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) <i>Baker, Rosalyn Hester</i>	STATE POSITION HELD: (Dept/Div or Board/Commission) <i>State Legislature - Senate</i> TERM OF OFFICE (Begin/End): <i>2002 / 2004</i>
---	---

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii, State Legislature, State Senate	D	elected State Senator
F	MEDB, Maui Research & Tech Park, Kihui	B	wrote a federal grant proposal
F	Paradise Flower Farms, Maui Ag Park, Kula	B	wrote a federal grant proposal
F	Rosalyn & Baker, PO Box 10344, Lahaina	C	Rental income from vacation condo

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Fidelity Advisor Midcap FMCAX	Mutual Fund	In portfolio	B
F	Fidelity Advisor Growth & Income FGSIX	"	"	B
F	Fidelity Advisor Int'l Cap FIATX	"	"	B
F	Fidelity Advisor Small Cap FSCIX	"	"	B
F	Fidelity Advisor Small Cap A FSCDX	"	"	B
F	Hartford Mutual Fds Inc JTAX	"	"	C
F	New Kanyer Growth & Income ACGIX	"	"	F

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List all ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Bank of Hawaii PO Box 380034 Honolulu, HI 96838-0034	F	0

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Maui Economic Development Board Kipapa Parkway, Kihali	Bl of Directors	aug 03 - aug 06	0
F	American Cancer Society HI-Pacific Inc Honolulu, HI	Bl of Directors	2003 - 2005	0

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F, SP, DC, JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
F	2180 Vineyard St #304 Wailuku, HI 96793	(2) 3-4-016-007-0031	F

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F, SP, DC, JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F, SP, DC, JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
F	2180 Vineyard St #304 Wailuku, HI 96793 (2) 3-4-016-007-0031	Condo was sold thru a realtor -- standard sales transaction Value G	Norman Daniel Vares

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION 04 JUN -1 P 1:19 RECEIVED	

☒ Check here if entry is None☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Rossely Hester Baker
SIGNATURE

6-1-04
DATE